The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XII SPRING, 1956 No. 2

ID THE SPRIGTIBE
or
"POEMS ARE MADE . ."

Surprisingly enough, not a few physisians have dallied with the propensity of Joyce Kilmer, the poet who could not make a tree. In the editorial files a number of manuscripts bear witness. But the establishment of a poet's corner has been discouraged, because of "tired blood", perhaps. Fellows who eschew flights to Parnassan heights even may be in the majority, but they miss many a pleasant reaction such as surviving the wreck of the 'Julie Plante'. Obviously they would agree with Wm. Drummond that,

"You can't get drown on Lac St. Pierre
So long you stay on shore".

Sir William Osler insisted that Oliver Wendell Holmes was the most successful combination the world has ever seen of physician and man of letters, (as reported by Harvey Cushing, Osler's Life, vol. I, chap. 15.) The latter, by that same biography won for himself a literary accolade of the first order.

Then there are Wm. Somerset Maugham and Archibald J. Cronin who won much greater successes with their pens than their stethoscopes or bistouries. Their medical training in observation of human strength and frailties was not lost. If they dabbled in verse, however, they seem not to have admitted it publicly.

As to the present day crop of blank blank verse, turmoil all too frequently is reflected for the enjoyment of many readers. But more recently a touch of reality has begun to leaven the macabre offerings, as in this outspoken piece by an author who took the trouble to rhyme his lines,

Verse on a Hearse

Who could direct one with such finesse
On that ungetoutable one way ride
That one's life at the last is a great success
And one's neighbors for once can point with pride?
You know the fellow,-if not you may
Be stuffed by him some mortal day!

Reminiscent of 'The Last Leaf' is this most recent addition, (the poet's name will be supplied on request),

Skip The Slippers Pantaloon

"You don't seem old, Doctor", the young man said,
"Though hair on your head is no more.
"You're supposed to be feeble, decrepit and lame,
"Now tell us, please, what is the score?"
"In days of my youth," the old doctor said,
"Salt pork and corn meal were my fare,
"No vitamins, needles or strained foods in tins,
"We went barefoot, free as the air."
"So if you would live to be old but alert,
"Just stick to that diet like men,-
"But try to pick ancestors hearty and hale
"Who live to one hundred and ten!"

Q.E.D.

CUCKOO SONG (1250 A.D.)

Sumer is icumen in,
Lhude sing cuccu!
Groweth sed, and bloweth med,
And springth the wude nu-
Sing cuccu!

A century later Geoffrey Chaucer gave forth this appropriate line,

Hard is his herte that loveth nought in May-
As for me, I'm nearly 'cuccu' too!

E. Poeticus B.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 550 Copies

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CUM LAUDE

Fellows who attended the annual meeting of the Hampden District Medical Society, - and a goodly number did, - were well rewarded by a generous helping of good honest beef, and a program replete with solid accomplishment, - too full perhaps, to encourage future attendance! For so many years Old Lady Hampden has been Rip-van-Winkling it, we were unprepared for such an awakening, - in fact she has astonished her nineteen sisters.

President Joe proved to be an extra good organizer, and the men he chose for committee work developed unsuspected talent. Tom Riley, as you heard, brought public relations to a new height by eradicating ignorance and suspicion. The forums presented with the cooperation of the press and the pharmacists were very popular. Significant too was the report of the efficient executive committee that only two complaints were forwarded to the State Ethics-and-Discipliners for disposal. This has meant many hours of work for busy men.

Max Millman and his committee brought in a comprehensive set of by-laws that were so well prepared that they were adopted without change. The Hippocrat was able to produce them both in temporary and permanent form, thanks to efficient management. The latter report will be produced elsewhere if space permits.

The Miner report on the workings of the emergency service was one of the best, showing the reduction of needless calls by able sifting through the exchange. The fact that only two or three names have been removed from the eligible list of volunteers demonstrates that the great majority of the physicians of the Hampden District have taken their turn. The chairman deserves a special vote of thanks for this very tangible help in the improvement of our public relations.

Yes, immediate Past-President Derby has left a splendid example for President Holleran to follow. Let us hope that cooperation within will be as unflagging during the current year. That boyish bob has given Lady Hampden a new look that deserves to be continued. But of course Nurse Rice will be on the job, so all should go well—his work was plainly visible on last May-day evening!

UNTO CAESAR

Fellows of the Massachusetts Medical Society suffered a great loss in the death of President-Elect Harold R. Kurth of Middlesex North before he could be elevated to the chief office. Those who came to know and value him highly through his unfailing attendance at meetings, his clear presentation of the points of view of his district and his capable committee work were pleased indeed when he accepted the call, assured as they were that the work would be well done. But the supreme call supervened.

The Committee on Nominations rose to the critical occasion by nominating

COMPLIMENTS
T. P. Sampson
Springfield

COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

Howard F. Root of Brookline and Suffolk to undertake the responsibility of guiding our ship of state. The honor thus accorded to our good friend adds to the prestige of the Society in that a name known so well and so far has been added to the long list of our presidents. It behooves the rest of the fellows to do what they can to lighten this added burden. Howard, without question, can count on us of the Hampden District!

Then there is our good neighbor Patrick J. Sullivan of Dalton who has represented Berkshire in the Council ever since that district joined the Union! His unswerving devotion to the best interests of Massachusetts Medical Society, and health problems in general should qualify him for the job of President-Elect. Patrick's sensible habits of eating should minimize the threat of fat in his coronary circulation, auguring long life. The scholarly reserve that masks his genial personality speaks well for a thorough study of General Robert's rules. Success with the gavel, as with the golf club, lies not in brawn but in timing. Practice is recommended with both. Pat has our sincere good wishes.

Leopold F. King has been chosen for the honorable position of vice-president in memory, it may be, of our late gifted secretary, Michael Tighe, but actually in tribute to himself and to the undeniable fact that it is high time Lowell had another modicum of glory. The choice is very commendable, say we westerners.

The committee exhibited unexpected resources in capturing Paul D. White for Orator, ubiquitous as he has proven to be. Will P. D. give us the cardiography of Mobey Dick, of much higher ups,—or just plain hell for eating too much? Whatever tack he chooses, rest assured that Skipper White will make straight for the finish line whether or not the wind be with or against him!

The Hippocrat speaks for all of the fellows of the Hampden District in declaring for the members of the Committee on Nominations our hearty thanks for a job well done. All would be well if only our forthcoming political conventions would do half as well! S. Q. Lapius.

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MEDICAL READER

A few weeks ago a friend of ours was kind enough to send in a rather interesting and illuminating article culled from the February first issue of the Wall Street Journal. The item entitled "Doctors' Dilemna", concerned itself with socialized medicine as it is practiced today in Great Britain. The author, Russell Kirk, had occasion while traveling in Scotland to consult an L.M.D., to chat with him, to look around, and to "obtain some idea of what is wrong with Britain's National Health Service and socialized medicine in general."

The physician's waiting room was cold, drab and dreary. The twenty folding chairs were filled to overflow with men and women, none of whom looked particularly sick. According to the doctor not one-fifth required treatment and most of them, for want of something better to do, came in to sit around and to have some forms filled out. "After all, this is the next best thing to the cinema."

As far as reporting the numerous hypochondriacs to the authorities or turning them away, this was out of the question. They might complain to the National Health Service and the doctor might be fined, or his name could even be stricken from the service's list. This he could ill afford because, to quote the physician " . . . the fees allowed per patient under the scheme are too low for any doctor to live decently if he turns particular. More than any other group with earned incomes, we doctors are hard-pressed for money in this New Order, you know."

What socialized medicine has done to the British doctor may make it difficult, according to the author, to secure good doctors in the next generation. Competent and diligent young men will not be attracted readily to a profession that has been stripped of its independence, and of its financial and social dignity. The only physicians who have apparently benefited by the leveling process are those practicing in the small out-of-the-way places, or those who are either unpopular or incompetent.

Will the health of the British people benefit in the long run by this system? This question is raised by sober Englishmen who fear that the crowding and the abuse may cause the real sick to get lost in the shuffle. To quote Mr. Kirk, "Whatever is free tends to be held cheap. Free access to the consulting-room may very well lead to such a crowding and abuse of state medical facilities that the people really in need of medical attention are neglected, necessarily, because they are mixed with a crowd of hypochondriacs, bored old people, and people who insist upon their share of attention simply because they are paying for it through taxes."

The author concludes by observing that socialized medicine, a brain child of the nineteenth century, might have had a minor claim in that era of relative poverty and privation, but that today there was no room for second rate practice. "In a society of material abundance, state medicine is an obsolete answer."

As for these United States, should we voters leave such a vital decision to our representatives in Washington to kick around as they have the problem of the farmers in this election year? This pie calls for thumbs,—yours and mine! M.M.

Absorbine Jr.

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MORE AND BETTER BEDS

With the extension of the campaign to the general public, the drive to raise $1,750,000 for the new Providence hospital has reached its goal. Already the individual, memorial, business and corporate divisions have succeeded in raising considerably more than $2,000,000! As matters now stand, it is planned to begin work this summer, and if all goes well, the hospital could be opened in August 1958.

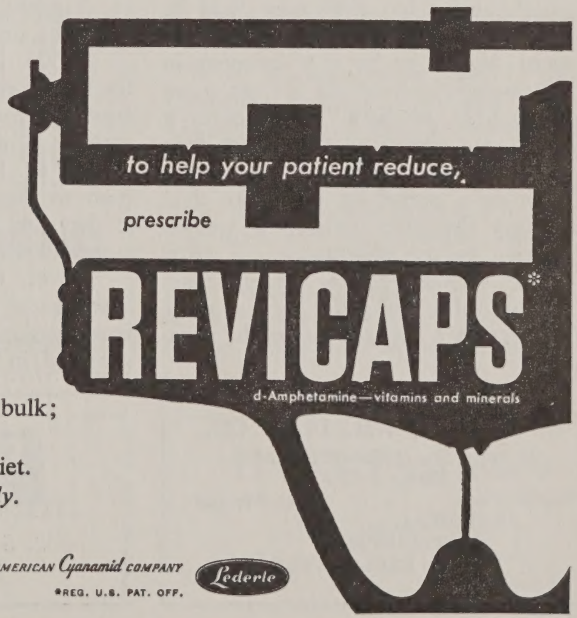
Most Rev. Christopher J. Weldon, Bishop of Springfield, has been an inspirational figure in the development of this project, and it has been at his insistence that the site of this building is to be on the Holyoke-West Springfield line, rather than in downtown Holyoke. It is Bishop Weldon's feeling that not only will the new location enable the hospital to serve more people in Chicopee and West Springfield, but also that this new location will provide adequate space for the inevitable expansion of facilities which can already be foreseen in the future.

In this connection, it may be pointed out that with a bed capacity of 200, plus 60 bassinets, the inclusion of central Chicopee, West Springfield and Agawam in the area to be served will place a premium on space from the outset. However, a beginning has to be made, and the hospital will be the largest that could be built with the available funds.

The New York hospital architectural firm of Eggers and Higgins have designed a very modern and efficient lay-out, and the plans have been enthusiastically approved by the medical staff of the present Providence Hospital.

The entire project is an outstanding example of community teamwork and generosity, and the final result of all this effort is sure to be one of which the Hampden District can well be proud.

The sick and the suffering from these various communities are sure to benefit from the new institution the size of which alone will insure much higher level of service than would obtain in three smaller institutions. The Hippocrat wishes to swell the chorus of congratulation to Bishop Weldon and his cohorts on their notable achievement. J.A.B.



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THE NEW DRUG ACT

The so-called New Drug Act (Chapter 577) has been a topic of discussion at most of our meetings during the past year or so. Similar interest is reported from other areas, and The New England Journal of Medicine carried recently (February 9, 1956) an excellent editorial commenting on some of the ambiguities and inequities of this very controversial bill. It concludes with the observation that " . . . bad feelings have arisen, and the matter is in danger of turning into a squabble over mercantile rights, rather than a sincere attempt to help the Department of Public Health in its campaign against the uncontrolled distribution of potent drugs to irresponsible 'addicts' and delinquents."

The physician's objections to this Act become understandable when the following is quoted; "No person shall sell or offer for sale at retail or dispense or give away harmful drug to any person. . . ." "No person shall dispense any drug upon oral or written prescription in a container which does not bear a label which gives the name and address of the druggist. . . " " . . . whoever violates any provision of this section or any rule or regulation authorized hereunder shall be punished by a fine of not more than one thousand dollars, or by imprisonment in jail or house of correction for not more than one year, or both." "Whenever a physician . . . prescribes a harmful drug by an oral prescription, the physician . . . shall within a period of not more than seven days thereafter deliver a written prescription to the pharmacist . . . Any physician . . . who violates this provision shall be punished by a fine of not more than twenty-five dollars for each violation."

The physician sees in these harsh provisions and penalties an attempt to infringe on his time-honored prerogatives, and to hamper his professional care of the sick and afflicted. ("As I see it", was one physician's comment, "I may administer a pain tablet at midnight but I must not leave with my patient an extra tablet to use three or four hours later if necessary.") Furthermore, he recognizes in it a distinct contradiction to one of the Principles of Ethics of the A.M.A. which states that it is not unethical for a physician to dispense or supply drugs, as long as there is no exploitation of the patient. And finally he is baffled by some of the language of the Act and its possible interpretation in a court of law. As one example, the Act draws a sharp distinction between "administering" and "dispensing", but according to the dictionary the two words are synonymous.

For the purposes of clarification two similar sets of questions were submitted to the Massachusetts Department of Public Health and to the Board of Registration in Pharmacy, the two agencies concerned with the administration and enforcement of the Drug Act.

"1. Is it illegal for a physician to dispense without charge or to give away an ordinary commercial sample?

"2. Is it illegal for a country doctor to dispense drugs to farmers and villagers in areas where there is a lack or scarcity of drug stores?

"3. Is it illegal for the Homeopath to dispense his own remedies even if they are unavailable in the local drug stores?

"4. Is it illegal for the clinical investigator to dispense drugs marked 'for investigational use', since these cannot be obtained in drug stores?

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"5. The physician who following an oral order fails to replace it with a written prescription within seven days is liable to fine. What is the responsibility of the druggist in this matter? Does he or does he not have to remind the physician that his prescription is due or overdue?"

The response from the two agencies differed sufficiently to indicate considerable lack of concurrence and agreement. While the Pharmacy Board seems intent on strict adherence to the letter of the law, the Department of Public Health prefers apparently to take a much more "charitable" view. In answer to questions 2 and 5, for instance, the Health Department had this to say:

"2. In cases where there is a scarcity of drugstores, and in order not to establish a precedent for the sale of drugs by a physician, the physician may give said drugs to his patient and include the cost thereof with his service fee.

"5. Inasmuch as the federal law exempts clinical drugs marked 'for experimental use only', said drugs do not come within the scope of the law."

In addition, a representative of the Department of Public Health, as reported in The New England Journal, has stated "that he will not prosecute physicians for minor offences such as selling or dispensing small amounts of drugs because he does not think the courts will uphold him, but that he intends if he can to put physicians who maintain private dispensaries or large stocks of drugs out of business." But all of this is small comfort to the practicing physician who finds it difficult to reconcile these statements with the inexorable language of the Drug Act.

A recent disclosure, incredible as it may sound, shows that the same attorney who represented the Massachusetts Medical Society during the legislative negotiations of 1954, represented also the interests of The Massachusetts Pharmaceutical Association, presumably the sponsor of the Drug Act. It was this strange incident that moved our Committee on State Legislation to resolve in May 1955 " . . . that the Committee on State Legislation inform the legislative Counsel of the Society that when on occasion he was asked to appear in favor of a certain bill as its representative, and to oppose the bill as the representative of another organization, he retain someone else to represent the Society's opponents, to avoid placing the Society in an unfavorable position before the legislators." (Proceedings Of The Council, February 1, 1956 page 37).

Not all druggists approve of the Act in its present form. Far from it. Some even go as far as to consider it a blunder.

It is gratifying that our Legislative Councilor and our Committee on State Legislation are laboring at the moment to correct some of the more dubious clauses of the Drug Act. It is reasonable to assume that they will persevere in their effort until the Act is either repealed or at least amended in such a way as to give primary consideration not to mercantile rights and monopolies but rather to the health and welfare of the public.

M.M.

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THE FOURTH FUND

The finances of our Society always make interesting reading, for we have a very respectable net income of more than $44,000 after having disbursed over $170,000. We have four funds to which this income is allocated—1. the General Fund, 2. the Maintenance Fund, 3. the Benevolent Fund, and 4. the Charitable and Educational Fund.

The Fourth Fund is totally new and was approved by the councilors last February who voted $5,000 to get it going. This fund was established because the Massachusetts Medical Society does not qualify as a charitable organization gifts to which donors could deduct from taxes. Such gifts must be earmarked exclusively for charitable or educational projects.

For example, bequests can be accepted in such a fund and still be tax-deductible for the donors because they are not given to the Massachusetts Medical Society as such. The income from this fund is to be managed by an independent board so that the proper restrictions may be applied without involving the income of the Society. The reader is referred to an excellent editorial on the fund that was published in the New England Journal of Medicine April 12, 1956.

The Directors have asked the fellows of the Society for suggestions for its use, and have offered two recommendations, education in the facts of medicine, such as was so successful in attracting large audiences here in the Hampden District last winter; 2) education of doctors concerning important developments in medicine. It is true that considerable sums have been spent already on both of these projects, but it is hoped that the unprecented amounts may be reduced to more reasonable proportions in the budget in this way and still provide monies for emergencies. Postgraduate education has been underwritten by the institute, but participtation has not been too good. Many more fellows could be reached, perhaps in some other way. Reduction of the fees for the courses might bring education within reach of more of the younger members.

For a suggestion, a monthly or quarterly news letter might bring an epitome of advances to all of the fellows.

Once we are able to build up the Fund by gifts, there will be no difficulty in using the income wisely within its stated objectives, but the immediate problem is to formulate a program to attract such gifts. The directors of this Fund remind us that this is a project voted by the council, and in order to succeed must have the cooperation of the fellows of the Society.

E.A.duB.

RANDOM SHOTS ON TUBERCULOSIS

Almost one-third of reported cases of tuberculosis are found by X-ray survey. Fewer cases are first reported by death certificate. Even now, however, more than one-fourth of tuberculosis deaths were never reported as living cases. Large numbers of cases are not reported until the report of the sanatorium admission is received by the health department. Robert J. Anderson, M.D., Pub. Health Rep., Feb., 1956.

* * * *

Methods have not yet been devised for preventing the occurrence in susceptible human beings of frank, clinical illness following infections by the tubercle bacillus. Tuberculosis continues to be passed from the sick to the well, and now cases of active and probably active disease are reported at the rate of approximately 10 per hour or 84,000 per year in the United States and territories. Annual Rep., Div. of Special Health Services, U.S. Dept. of Health, Ed., and Welfare, Wash., D.C., 1954-1955.

* * * *

Practicing physicians can make valuable contributions to the health of the community, as well as to the health of children under their private care, by taking an active part in the health program of the schools. David Van der Slice, M.D., J. of School Health, May, 1954.

(continued on page 12)

MEDICAL READER

"The "Office Assistant", a 350 page manual for the modern physician's "Girl Friday" will be available about May 8th. The table of contents includes suggestions for more efficient procedures and methods of handling medical office work. Anyone employed in a physician's office should benefit. This book was planned to save the doctor time, money and a vast amount of explanation in the training of an efficient aide.

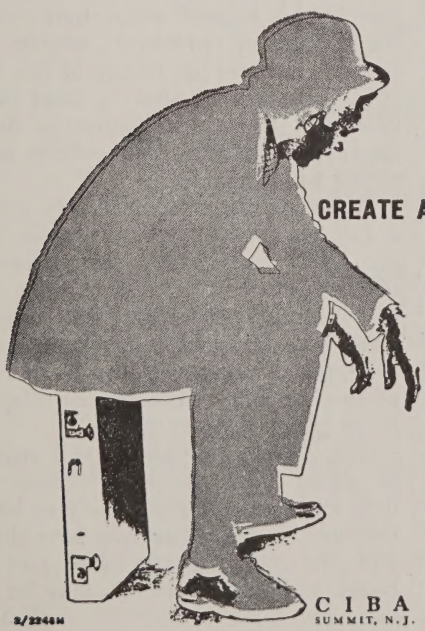
This illustrated reference manual answers such questions as: how to care for instruments and supplies, how to write a series of collection letters, how to keep a narcotic inventory, how to prepare a patient for various types of examinations, and how to prepare accident and health insurance forms. About half the chapters deal with the medical assisting side of the office and the remainder with the business side.

The book will sell for $5.75 and orders should be sent direct to the publisher, W. B. Saunders Company, West Washington Square, Philadelphia (5).

The Nineteenth Edition of the American Medical Directory—the first since 1950—containing 3,122 pages and information on 240,638 physicians in the U. S. and Canada will be shipped to subscribers in the last week of May. More than 250,000 changes of address have been recorded; 46,348 names have been added; (2,797 yearly), 24,225 have died. Can you remember when the cost was $10? Thirty greenbacks must be shoved across the counter in 1956! But you'll find many items in addition to street numbers —all essential information when needed.

DERMATOLOGIST'S AWARD

At its annual May meeting in New York, the Society of Cosmetic Chemists gave a special award of $1,000 to Dr. Walter B. Shelley, associate professor of dermatology at the University of Pennsylvania, for his contribution to the knowledge of the physiological basis of odor formation. Especially cited was his research on apocrine and eccrine sweat glands which provides a sound background for further research by cosmetic scientists on the control of odor and on improvements in deodorant formulations. (Paging John Daly!)



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MUCH TOO MUCH TOO MUCH

The flavor of TV nowadays is getting more and more nostralgic, if we may coin a word. Or, as the late lamented Fred Allen said in his last interview as reported in the TV Guide (April 21st) that the patent medicine spielers took him back to the home-town medicine peddler who used to launch sales pitches at the yokels who gathered around his cart. Kikapoo Indian Salve vied with snake oil and Lydia Pinkham's elixir that was especially favored during prohibition by total abstainers. We can attest to the fact that Col. - or was he General-Ayer's snowy drapery of hair and beard made a handsome sight as he rode down Commonwealth Ave. of a spring morning on the prancing steed that his Cherry Pectoral had financied. Carter's L. L. P's are still going strong, but as Fred said, "TV is the tailboard that lets these life savers into our living rooms". Along, may we add, with underarmories and 'brisk' pitchmen for beverages hot and cold. Not that these modern best sellers are to be classed with the nostrums of yesterday, but their damage lies in such widespread self-medication which undoubtedly masks the early symptons in remediable stages of a number of serious disease states.

The brilliant Irish physician Oliver St. John Gogarthy once likened the train trip from Liverpool to London to a trek through the alimentary tract because of the aids to peristalsis and alimentation in general that were so blatantly publicized on the billboards lining the right of way. But we need not leave our firesides to visit the GI tract by way of animated diagrams that frequent our TV screens.

Today the ladies, may God continue to bless 'em, are kept busy timing rival home permanents that have been estheticized and speeded up in numbers sufficient for a new one every day. Or it may be they are comparing tobacco filters as they watch the convertible cadillacs, yea and thousands of dollars slip through their glowing well-groomed fingertips.

Of course, a turn of the dial will eliminate this problem providing the younger generation will permit, but what a blessing it would be if sponsors by their own decisions would reduce the excessive emphasis on commercials that eventually may sicken if not kill the golden goose,- or should we say geese?

Speaking of killing, how can we blame the youngsters for shooting off old fashioned parents who believe in discipline, or anyone else who stands in their way after such thorough inculation in methods of mayhem and murder that make up their bedtime stories? We might well take a lesson from the ancient Greeks who never would permit a lethal act to be shown upon their stages. We should be constructive, however, and put some other implements in the hands of our children beside death-dealing weapons, if we wish to cut down on delinquency and crime. Better still, we might join them armed with our own tools too. B.

MEDICAL LIBRARY

Dear Hippocrat,

As a member of the Library Committee of the Springfield Academy of Medicine, I have just finished looking over the books and magazines of a deceased doctor. How much better it would have been if he himself could have selected the books of historical interest and brought them to the library of the Academy. This type of book is never out of date, and is of vast interest to the researcher in the history of medicine and in significant biographies.

Can I persuade the reader to take, as I did, some two score worthwhile books out of his own library, sign his name to the fly-leaves and add them to our Academy collection? Why wait for the second-hand man to dispose of them for the price of old paper? Rather let us think of how valuable such books someday may be to generations to follow.

The Library Committee, if I may say so, really works on their project. It is little enough to ask the many to help in this way the few whom you have charged with the collecting and keeping of your books and periodicals, "It may be later than you think"! W.A.R.C.

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CONNECTICUT VALLEY COURSE

Happily, on Friday the 13th of April the Post-Graduate Education Committee for Western Massachusetts met at the Hotel Roger Smith to plan a course of lectures that would appeal to fellows in general, whether in specialties or not. They carefully selected two main groups, endocrinology to cover diseases of the adrenals, the pituitary and the thyroid glands; secondly, allergy including allergic disorders of the respiratory tract, and dermatitis covering drug allergies and hypersensitivity reactions; then a general group touching in immune bodies in hematology, toxemias of pregnancy, and emotional aspects in adolescense; lastly, a subject in the field of ophthalmology still to be announced.

The lectures will begin Friday October 5th and run to December 14th with the exception of October 12th Columbus Day. It was unanimously agreed that the Holyoke Soldiers' Home was the most convenient meeting place with plenty of room to park, and the hours as last year are set for 7:30 to 9:30 P. M. The Committee is glad to report that the program has been given approval by the Post-Graduate Medical Institute, but the order of the lectures may be altered to suit the convenience of the speakers that may be available.

It is hoped by the committee under the new leadership of Paul Wakefield, Pathologist at the Holyoke Hospital that the participation will be better than it has been because of the high quality of the lectures and the convenient educational opportunity they will provide for the fellows of Western Massachusetts. The cost will be the same as last year and further details will be available in later issues.

Editor's Note: From personal knowledge it can be said that all but a very few of these sessions have been well conducted by a younger group of speakers who have worked hard to present subject matter that should be familiar to each man who expects to meet every day problems with tested remedies. We would urge greater participation, particularly in Springfield and Holyoke.

* * * *

ELECTIONEERING?

The Government hopes to plant 6,000,000 catchable-size trout in waters on Federal lands and in waters near Federal installations during 1956. Sc. N. Letter

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RANSOM SHOTS ON T.B.

(continued from page 8)

Little consideration has been given, until very recently, to even the **possibility** that different forms of tuberculosis, or different types of pulmonary tuberculosis, might be more satisfactorily treated by different drug regimens. On present evidence, it seems highly probable that the best management of tuberculosis will prove to be, not a single drug regimen which is optimal for all cases (as seems to have been the goal and the orientation of most investigations up to the present time), but that **different** regimens will be found to best suit different forms and types of the disease. Carl Muschenheim, M.D., Am. Rev. Tuberc., July, 1955.

* * * *

While definite malnutrition plays a significant role in susceptibility to tuberculosis in man, nutrition is only one of the factors contributing to normal resistance. Alton S. Pope, M.D.and John E. Gordon, M.D., Am. J. Med. Sciences, Sept., 1955.

* * * *

Today it is generally accepted that an educated and enlightened group of citizens can and do best solve their own health problems, those of their families and their communities. Moreover, the nature of today's health problems - chronic disease, mental health, and accident prevention - demands that in addition to technical skills all health workers must be capable of utilizing educational and community organization procedures. We must not be guilty of telling people what to do, but we must help them become the kind of people who will know what to do. L. E. Burney, M.D., Cal. Med., Jan., 1956.

* * * *

Editor's Note: These Excerpts are made available through The Hampden County Tuberculosis and Public Health Assocsiation, 284 State Street, Springfield 5, Mass.

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Bacterial diarrheas . . .

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HAMPDEN HIPPOCRAT
Annual Report, May 1, 1956

Mr. President and Fellows of the Hampden District Medical Society, Greetings; In conformity with the subpena of the Secretary, the annual report of the Board of Editors of the Hampden Hippocrat herewith is submitted. During the past twelve months four issues of a bigger if not better bulletin have been published to complete the eleventh volume. National advertisers of the newer pharmaceuticals and others have come to value the approach through the district society magazine to a select medical audience. Prospects therefore are good as long as the illusion lasts that these journa s are read.

We are pleased to report that not only are finances of the Hippocrat set forth in black ink, but the entire expense of publishing the revised by-laws, including the cost of the adopted version as corrected and bound in booklet form has been underwritten. In addition to that, the sum of five hundred dollars is turned back herewith to the coffers of the Society. In view of a bulletin from the A. M. A. under date of April 17th announcing that the Committee on Cosmetics will sponsor a symposium on the significance of cosmetics in medical practice at the A. M. A. meeting in Chicago on June 13 next, (for the first time in history), the Editors would respectfully request that these funds be applied to defraying the cost, at least in part, of sending one or two delegates from the Hampden District to keep us abreast of Hazel B., if that is proper, and the machinations of the $64,000 questioners,—the President of the Women's Auxiliary, for example and possibly our Secretary if not a Dermatologist.

But the most gratifying item in our report is the agreement of Max Millman to accept the Assistant Editorship with a view to moving up to the position of Chief when he shall have cut a few more editorial teeth.

Respectfully submitted,
Edward P. Bagg, Editor-in-Chief

Dear Hippocrat:

A novel idea in promoting good medical public relations will be carried out during the annual A.M.A. session to be held in Chicago, June 11-15.

PR Director Leo Brown has extended invitations to several hundred prominent leaders in education, industry, politics, labor, religion, business, the press and other professions to view the A.M.A. scientific and technical exhibits.

The purpose: To acquaint these opinion leaders with the vast amount of scientific work in which the medical profession is constantly engaged, and with new developments in the field of medicine.

Mr. Brown explained that the idea came to him as the result of the enthusiasm which lay people usually express every time they tour the scientific and technical exhibits as guests of physicians.

"These people seem to bubble over with enthusiasm," Mr. Brown said when he explained the project to the A.M.A. Board of Trustees. "I felt that the same feeling could be passed on to professional people if they were invited to tour both exhibits on their own. In all probability, these opinion leaders will relay their feelings to their families, friends and business associates."

The principal object is to show these people, without propaganda or fanfare, that a doctor's education is never ended, and that his attendance at an A.M.A. session is equivalent to a postgraduate course in medicine—all of which benefits his patients, the general public.

A luncheon, preceding the unescorted tour, is scheduled for 12:30 p.m., on Tuesday, June 12, at Navy Pier on Chicago's lakefront.

Dr. Gunnar Gundersen, chairman of the Board of Trustees, will welcome the guests on behalf of the A.M.A. Dr. Alphonse McMahon, St. Louis, chairman of the A.M.A. Council on Scientific Assembly, will speak briefly about the scientific exhibits, and one of the officers of the exhibitors' association will explain the technical exhibit setup. After that the guests will be free to walk through the

(continued on page 20)

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Squibb Therapeutic Formula Vitamin Liquid

1 teaspoonful of Theragran Liquid is equivalent to 1 Theragran Capsule. For patients of all ages who prefer liquid vitamin therapy.

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The six vitamins almost invariably associated with chronic vitamin deficiency states.

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Vitamin A (synthetic)	25,000 U.S.P. Units
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Thiamine	10 mg.
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Niacinamide	150 mg.
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Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

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SQUIBB *Squibb Quality—the Priceless Ingredient*

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MATCHING GRANTS

Of considerable interest to the medical profession and the many physicians who have worked so unceasingly for the American Medical Education Foundation was the announcement made April 15 by H. Rowan Gaither, Jr., president of the Ford Foundation, of a $10,000,000 program of matching grants to the National Fund for Medical Education, as reported by Sec. Lull.

The National Fund for Medical Education is the organization which distributes to the medical schools the funds raised by the A.M.E.F., along with the contributions made by industry and the general public.

Mr. Gaither said the Ford Foundation grants will be made on a matching basis over a five to 10-year period with a maximum grant in any one year limited to $2,000,000.

In 1955, the National Fund received $2,147,000 in unearmarked funds for distribution to the nation's medical schools. Of this amount, an unearmarked $422,812 came from the medical profession through the American Medical Education Foundation. Under the Ford Foundation formula, if 1956 receipts are equally large, there would be a Ford grant totalling 70 per cent of this amount, or $1,503,486. All contributions in excess of the 1955 total would be matched dollar for dollar, subject to the annual maximum of $2,000,000.

After 1956, each year's grant would match the preceding year's receipts on a diminishing scale, but all receipts over the preceding year's total would be matched dollar for dollar, up to the $2,000,000 annual ceiling.

The announcement of these matching grants is very heartening to physicians who have contributed to the medical schools through A.M.E.F. It will mean that for every unearmarked dollar contributed to A.M.E.F., another 70 cents to a dollar will be given by the Ford Foundation, thereby stimulating additional financial support which the nation's medical schools have so critically needed.

LEDERLE AWARDS

Grants totaling $234,853 have been made to sixteen outstanding medical school teachers and researchers for the 1956 American Cyanamid Company's Lederle Medical Faculty Awards, it was announced by K. C. Towe, President. The awards, believed to be the first of their kind in the field, were initiated by American Cyanamid in 1954.

"The basic purpose of the grants is to help assure schools and universities adequate funds to maintain promising medical men in teaching and research posts," explained Mr. Towe. "The awards are intended to augment salaries or to aid schools in filling such positions."

"To help insure the health of future generations of Americans, we feel that no more significant contributions can be made than those to our great medical teaching institutions," Mr. Towe declared.

Recipients for 1956 are scattered widely over the United States and Canada, including Dr. Guido Majno, Department of Pathology, Harvard Medical School, and Dr. Paul B. Hagen, Department of Pharmacology, Yale University.

The awards are administered and recipients chosen by an independent committee of professors drawn from medical schools throughout the United States. This year's committee includes:

Dr. Maxwell Finland, Associate Director, Thorndike Memorial Laboratory, Boston City Hospital.

All grants made through the Lederle Medical Faculty Awards Committee are for a term not longer than three years, and no single grant may exceed $10,000 per year. The individual amounts are based largely upon specific budgetary and program data submitted by the schools nominating candidates.

* * * *

ATOMIC CHICKS

Present-day, faster-growing broiled chickens need more growth-promoting vitamins than chicken of the past. Sc. N. Letter

OPEN LETTER TO DOCTORS

Since its founding in 1949, the National Fund for Medical Education has concentrated almost wholly on obtaining corporation support for the nation's medical schools. Progress has been slow but steady. Each year has seen an increase over the previous one, both in the number and amounts of company contributions. In 1955 more than 1,500 business firms contributed nearly $1,700,000.

It is, of course, a long way from the $10 million additional annual income required by the schools. But it has shown us what is necessary to win corporation support: a painstaking -- and persistant - - campaign of education to show business leaders their stake in medical education.

The encouraging part of the picture is the readiness of business leaders to support medical education "once they know the facts." As Colby M. Chester, chairman of the Fund's Committee of American Industry, once said: "If we can get them to sit still long enough to listen, we can get their support."

That is the problem. And it brings to mind the happy thought that nowhere is a businessman more approachable, or more likely to "sit still," than in a discussion with his doctor.

Now I am not suggesting that physicians badger their patients for contributions to the Fund. But I am wondering if doctors cannot be a great ally of the Fund in bringing, in some way, the needs of the medical schools to the attention of the businessmen among their acquaintances. Certainly no one is better qualified to speak authoritatively than doctors. And no one could be more convincing.

Considering the role that the medical sciences have played in safe guarding the people's health, no one has to be timid or resultant about broaching the subject of continued support for medical education. The testimony of the doctor, coming on the heels of appeals by industry leaders, can do much, in my opinion, to win the businessmen over. Once they are convinced, they are likely to become regular annual contributions to the Fund. S. Sloan Cott. (Editor's Note: We have **contributed,—how about you?)**

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Also available: DELESTROGEN (Squibb Estradiol Valerate) for timed action that ideally matches the estrogenic phase of the normal menstrual cycle. Vials of 1 and 5 ml., each ml. containing 10 mg. estradiol valerate.

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Easily swallowed, quickly absorbed.
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HIGHEST QUALITY. No matter which of the many forms of ACHROMYCIN you choose, be assured of its purity and potency. Every gram of ACHROMYCIN is produced in Lederle's own laboratories, and offered *only* under the Lederle label.

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A BABY IN OUR LAPS

The dangers of social medicine like cancer in my age have been overlooked in its early stages by the previous generations in medicine. Like communism, it was ignored and considered harmless. We should pause in our busy practices and decide if we shall be more guilty in what we bequeath to the next generation. By social medicine, I mean the efforts of government, hospitals, clinics and the laiety to fill what are considered gaps, or effect economics in the practice of medicine.

A major problem is to decide where the need and gaps exists and where they end for unless it ends, I am sure we are headed for socialized medicine.

Can we blame the laity who initially lacked intelligent guidance by the profession? Playing doctor has always been a popular game and hiring a doctor as a front to cover the law seems to be normal procedure.

The business man feels medicine can be stream-lined, made more efficient and less expensive and since doctors are all poor business men, the doctors' views and advice are largely tolerated or ignored. To question the quality of medicine practiced by technicians, or to total the cost to the community of fees plus subsidies equaling what a private physician would charge is considered not business like, but obstructionism. To question how the dollars that you and others donate to public charities are spent by these business men, is considered heresy. If this trend is not controlled, or supervised by informed, earnest physicians, the future doctor will have to work for hospitals or clinics, or compete by making emergency or night calls—the well known gaps that exist in contractural practice.

The practice of having dummy medical advisory committees without interest, attendance or a vote should be abolished.

A few months ago, a director of the United Fund was asked why the Fund that spends the greater part of a million dollars on health had no medical advisory board. He paused and said, "I think you have something there."

We should not be too critical for we have been too busy to bother and volunteering at this late date does not make our exposure of their well meaning ignorance any easier to bear.

I am amazed that the medical society has never offered, or insisted that they cooperate in the dispersal of funds for medical purposes to which they substantially subscribe. A list of qualified doctors in appropriate fields could represent the society and effect team work rather than sit back and find fault.

It has been stated that the medical profession (described by Cushing as the most jealous in the world) would never agree among themselves. That social and financial advancement would cause them to sell what is best for medicine and the community down the river for personal gain. If this be true, God help the coming generations. I do not think that the bait of flattery or buttering up would be acceptable to any doctor worthy of the name.

In such an endeavor, individuals can accomplish little as they are immediately subject to personal abuse. The society is impersonal and exercises prestige. It is the logical vehicle for the maintenance of the health of the community which is, after all, the responsibility of the medical profession.

This is a departure that will not be readily accepted unless the medical profession becomes informed and acts for the common good rather than splitting in factions and being motivated by personal interests or insufficient knowledge of the facts.

General practitioners and labor unions are also interested in obtaining knowledge and a voice in what their patients and members should receive for their contributions.

Other powerful groups are awakening to their civic responsibilities and will demand representation.

The laissez faire pattern, well intentioned as it may have been, will be succeeded by a more representative demo-

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A BABY IN OUR LAPS

continued from page 19)

cratic approach.

Doctors should have and be prepared to defend their opinions rather than seek refuge in silence.

The lending of ones name to any organization should require a knowledge of and a voice in its policies. Refusal to serve is in order, if knowledge is not to be sought and registration is in order if major unacceptable policies can not be changed.

It is necessary that physicians discuss the pros and cons of presenting problems and advise the laity of our interest and responsibilities in community matters of a medical nature.

The Hampden District Medical Society should be more concerned with the propriety of a well paid medical director funneling patients ineligible for clinic care to his own private practice rather than back to the private practice of medicine. If the salaried incumbent can find time outside clinic hours for private cases, he should hire himself a hall, a couch and office help.

It is no doubt with such abuses in mind that the American Medical Association has advised that generally, psychiatrists working on a full time basis for a community psychiatric clinic do not practice on the side. J.A.W.

DEAR HIPPOCRAT

(coninued from page 14)

Pier and inspect the 700 or more scientific and technical exhibits.

It is hoped that Illinois Governor William G. Stratton will be there along with Chicago Mayor Richard J. Daley. Others who will be there, too, are members of Chicago's City Council; federal, circuit and district court judges; local bankers and investment representatives; real estate men; railroad executives; department store executives; officers of bar associations; representatives of Chicago radio and TV networks; leaders of citizens' groups; service and philanthropic group representatives, and others.

Perhaps the public would prefer the program of Dr. L. H. McDaniel, a friendly and dynamic general practitioner in the small town of Tyronza, Arkansas, who is sponsoring another fabulous medical meeting there on Thursday, May 24.

Invitations have gone out to many prominent physicians, including A.M.A. President Elmer Hess and President-elect Dwight H. Murray, and also to men prominent in civic, industrial, and political life.

Dr. McDaniel, who this year is using the inspirational theme, "Our American Faith", has invited all present and past officers of the American Medical Association, the A.M.A. Woman's Auxiliary, the American Academy of General Practice, the Southern Medical Association, the American Pharmaceutical Association, the American Hospital Association, the Arkansas Educational Association, and the Memphis and Shelby County Medical Society. A barbecue for the 2,500 he expects will follow the speeches.

ADVICE ASKED

The Health Section of the Springfield Community Council has voted to ask the advice of the Hampden District Medical Society before accepting the Rusk Survey on Rehabilitation.

The Hampden District Mental Health Clinic has asked the Executive Committee of the Hampden District Medical Society for an opinion as to the propriety of their full-time salaried medical director's diverting "over-income" applicants for clinic care to himself as private patients.

Since this is a United Fund Agency, it would seem that the United Fund policy should be ascertained—namely, should the United Fund (to which the public and doctors subscribe) allow facilities and personnel which it subsidizes to be used without cost by a private enterprise?

W.